

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Cancellation
of Certificate
(class c + taxi)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2015 - 361 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Timothy Childers

Telephone: 864-300-9390

Address: 357 Welch Rd.

Fax:

Gaffney SC. 29341

Other:

Email: twilachilders@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

RECEIVED
AUG 28 2018
PSC SC
MAIL / DMS

Request for Cancellation of Certificate

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: 8-23-2018

Please consider this a request to cancel my:

- ☒ Class C Taxi Certificate
 ☐ Class A Restricted Certificate
☐ Class C Charter Certificate
☐ Class C Charter Bus Certificate
☐ Non-Emergency Certificate
☐ Class E Household Goods Certificate
☐ Class E Hazardous Wastes Certificate

My Certificate Number is 9101

Peachcity Cab LLC DBA _____
 (Name of Company) (If applicable)

316 W. 3rd St. 357 Welchel Road
 (Street Address) (Mailing Address if different from Street Address)

Gaffney S.C. 29341 Gaffney S.C. 29341
 (City, State, Zip Code) (City, State, Zip Code)

864-489-7001 (Telephone Number) ^{WAS} (Business #)

Timothy R. Childers
 (Signature)

Owner
 (Title) Owner, President, etc.